



## Required Notification of Interfacility Transfers: [Article 3 \(305\)](#)

[Arizona Administrative Code R9-6-305](#), specifies the following notification requirement:

A diagnosing health care provider or an administrator of a health care institution transferring a case with active infection of a bacterial disease, for which the agent is known to be a multi-drug-resistant organism, to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is infected with a multi-drug-resistant organism.

The same is true for an administrator of the correctional facility transferring a case to another correctional facility or to a health care institution.

“Multi-drug-resistant organism” is defined in R9-6-301.13 as “a bacterial agent on a Department-provided list that is known to not be killed or whose growth is not slowed by specific classes of antibiotics.”

Similar measures regarding interfacility transfers for specific organisms are listed in R9-6-315, 321, 358, and 391.

Organisms listed in the table below that demonstrate resistance to the antimicrobials of concern should be considered “multi-drug-resistant organisms” for R9-6-305.

**Please note that these are not guidelines or recommendations for testing or surveillance. Rather, if an infection with these organisms is identified then notification is required for interfacility transfers.**

## MDROs and other organisms requiring notifications for interfacility transfers

Organism	Antimicrobials of concern	Applicable rule	Stage
<b><i>Acinetobacter</i> spp.</b>	Resistant to at least one agent in at least 3 separate antimicrobial classes of the following 6 classes: <ul style="list-style-type: none"> <li>• Ampicillin/sulbactam</li> <li>• Cephalosporins (cefepime, ceftazidime)</li> <li>• <math>\beta</math>-lactam/<math>\beta</math>-lactam <math>\beta</math>-lactamase inhibitor combination (piperacillin, piperacillin/tazobactam)</li> <li>• Carbapenems (imipenem, meropenem, doripenem)</li> <li>• Fluoroquinolones (ciprofloxacin, levofloxacin)</li> <li>• Aminoglycosides (gentamicin, tobramycin, amikacin)</li> </ul>	<a href="#">R9-6-305</a>	Active infection
<b><i>Candida auris</i></b>	Resistant to any of the following: <ul style="list-style-type: none"> <li>• Azoles</li> <li>• Echinocandins</li> <li>• Fluconazole</li> </ul>	<a href="#">R9-6-305</a>	Active infection
<b><i>Clostridium difficile</i></b>	No drug resistance is necessary	<a href="#">R9-6-321</a>	Active infection and diarrhea
Enterics <ul style="list-style-type: none"> <li>• <i>Citrobacter</i> spp.</li> <li>• <i>Edwardsiella</i> spp.</li> <li>• <i>Enterobacter</i> spp.</li> <li>• <i>Erwinia</i> spp.</li> <li>• <i>Escherichia</i> spp.</li> <li>• <i>Hafnia</i> spp.</li> <li>• <i>Klebsiella</i> spp.</li> <li>• <i>Morganella</i> spp.</li> <li>• <i>Pantoea</i> spp.</li> <li>• <i>Proteus</i> spp.</li> <li>• <i>Providencia</i> spp.</li> <li>• <i>Rahnella</i> spp.</li> <li>• <i>Salmonella</i> spp.</li> <li>• <i>Serratia</i> spp.</li> </ul>	Resistant to at least one agent in at least 3 separate antimicrobial classes of the following 4 classes: <ul style="list-style-type: none"> <li>• Cephalosporins (cefepime, ceftazidime)</li> <li>• <math>\beta</math>-lactam/<math>\beta</math>-lactam <math>\beta</math>-lactamase inhibitor combination (piperacillin, piperacillin/tazobactam)</li> <li>• Fluoroquinolones (ciprofloxacin, levofloxacin)</li> <li>• Aminoglycosides (gentamicin, tobramycin, amikacin)</li> </ul>	<a href="#">R9-6-305</a>	Active infection

Organism	Antimicrobials of concern	Applicable rule	Stage
<b>Enterobacteriaceae, carbapenem-resistant (CRE)</b>	Resistant to any of the following: <ul style="list-style-type: none"> <li>• Doripenem</li> <li>• Ertrapenem</li> <li>• Imipenem</li> <li>• Meropenem</li> </ul>	<a href="#">R9-6-315</a>	Active infection or carrier
<b><i>Enterococcus</i>, vancomycin-resistant (VRE)</b>	Resistant to Vancomycin	<a href="#">R9-6-305</a>	Active infection
<b><i>Mycobacterium tuberculosis</i> (TB)</b>	Resistant to any of the following: <ul style="list-style-type: none"> <li>• Fluoroquinolone</li> <li>• Isoniazid</li> <li>• Rifampicin</li> <li>• Second line injectable drugs (Amikacin, Kanamycin, Capreomycin)</li> </ul>	<a href="#">R9-6-305</a> <a href="#">R9-6-386</a>	Active infection
<b><i>Pseudomonas</i> spp.</b>	Resistant to at least one agent in at least 3 separate antimicrobial classes of the following 5 classes: <ul style="list-style-type: none"> <li>• Cephalosporins (cefepime, ceftazidime)</li> <li>• <math>\beta</math>-lactam/<math>\beta</math>-lactam <math>\beta</math>-lactamase inhibitor combination (piperacillin, piperacillin/tazobactam)</li> <li>• Carbapenems (imipenem, meropenem, doripenem)</li> <li>• Fluoroquinolones (ciprofloxacin, levofloxacin)</li> <li>• Aminoglycosides (gentamicin, tobramycin, amikacin)</li> </ul>	<a href="#">R9-6-305</a>	Active infection
<b><i>Staphylococcus aureus</i>, methicillin-resistant (MRSA)</b>	Resistant to any of the following: <ul style="list-style-type: none"> <li>• Cefoxitin</li> <li>• Nafcillin</li> <li>• Oxacillin</li> </ul>	<a href="#">R9-6-358</a>	Active infection
<b><i>Staphylococcus aureus</i>, vancomycin-intermediate/resistant (VISA/VRSA)</b>	Resistant or intermediate resistant to Vancomycin	<a href="#">R9-6-391</a>	Active infection or known carrier

**Resources:**

[Antibiotic Resistant Threats in the United States, 2013](#)

[Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006](#)

[CSTE Position Statement: Interfacility Communication to Prevent and Control Healthcare-Associated Infections and Antimicrobial Resistant Pathogens across Healthcare Settings](#)

Inter-Facility Infection Control Transfer Form (either of the following can be used)

[CDC's Inter-Facility Infection Control Transfer Form](#)

[ADHS Interfacility Infection Prevention Transfer Tool](#)